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TO EXAMINER LI B. ZHEN**

TO: Commissioner for Patents
Attn: Examiner Li B. Zhen
Group Art Unit 2194
Patent Examining Corps
Facsimile Center
Alexandria, VA 22313

FROM: David W. Victor

OUR REF: 0018.0083
TELEPHONE: 310-556-7983

Total pages, including cover letter: 15

PTO FAX NUMBER 1-571-273-8300

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Description of Documents Transmitted: TRANSMITTAL OF AMENDMENT:
SUPPLEMENTAL AMENDMENT

Applicant: B.G. Goodman et al.
Serial No.: 09/755,405
Filed: January 5, 2001
Group Art Unit: 2194
Docket No.: TUC920000051US1

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on
September 20, 2005

By: 
Name: David W. Victor

FORM PTO-1083

PATENT
TUC920000051US1
0018.0083

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:
B.G. Goodman et al.
Serial No.: 09/755,405
Filed: January 5, 2001
For: METHOD, SYSTEM, AND PROGRAM
FOR COMMUNICATION AMONG
NODES IN A SYSTEM

Examiner: Li B. Zhen

Art Unit: 2194

46917

Customer Number

Sir:

Transmitted herewith in the above-identified application is an:

- ☒ Supplemental Amendment 13 pages.
☐ Petition for Extension of Time.
☐ Transmittal of Formal Drawings and ___ sheets of formal drawings.
☒ No additional fee is required.

The fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO PREVIOUSLY PAID FOR		PRESENT EXTRA RATE		ADDIT. FEE	OR	RATE		ADDIT. FEE
TOTAL	42	MINUS	42	=	0	x	\$0	OR	x 50	\$	
INDEP CLAIMS	3	MINUS	3	=	0	x	\$0	OR	x 200	\$	
						+	\$	OR	+ 360	\$	
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM											
						TOTAL	\$0	OR	TOTAL	\$-0-	

- Please charge Deposit Account No. 09-0449 the amount of \$ ___ to cover the extension fee and also the amount of \$ ___ to cover the claim fee. A duplicate copy of this sheet is enclosed.
 — A credit card authorization in the amount of \$ ___ to cover the extension fee is enclosed.
 — A credit card authorization in the amount of \$ ___ to cover the claim fee is enclosed.
 — A credit card authorization in the amount of \$ ___ to cover the petition fee is enclosed.
☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 09-0449. A duplicate of this sheet is enclosed.
☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
☒ Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

Dated: September 20, 2005

David W. Victor
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CERTIFICATE UNDER 37 CFR 1.8:

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David W. Victor

9/20/05
Date

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s):	B.G. Goodman et al.	Examiner	Li B. Zhen
Serial No.	09/755,405	Group Art Unit	2194
Filed	January 5, 2001	Docket No.	TUC920000051US1
TITLE	METHOD, SYSTEM, AND PROGRAM FOR COMMUNICATION AMONG NODES IN A SYSTEM		

CERTIFICATE UNDER 37 CFR 1.8:

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David W. VictorSUPPLEMENTAL AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This supplemental amendment is submitted to correct the claim numbering. Applicants request entry of this amendment to correct the claim numbering.

Amendments to the Claims are reflected in the listing of claims which begins on page 2.

Remarks/Arguments begin on page 13.